

## STATE OF WASHINGTON

## DEPARTMENT OF FINANCIAL INSTITUTIONS DIVISION OF CONSUMER SERVICES

P.O. Box 41200 ● Olympia, Washington 98504-1200
Telephone (360) 902-8703 ● TDD (360) 664-8126 ● FAX (360) 664-2258 ● http://www.dfi.wa.gov

## **Designated Broker Continuing Education Declaration**

Name of Designated Broker	as licensed in Washington:	
Last Name	First Name	Full Middle Name
Washington Loan Originator	License Number: 510-LO	
courses from a list provided Brokers must complete three	by the Washington Department of	requires Designated Brokers to complete Financial Institutions (DFI). Designated roved list. Attending three mortgage broker continuing education course.
you attended mortgage broke two approved classes you to	er commission meetings in lieu of ok and list "mortgage broker comr	itle and the date you completed the course. I a continuing education course, please list the mission meeting" as the Provider Name for n meetings you attended during the year.
Provider Name	Course Title	Date
I attes	t to the information on this form	ı as true and accurate.
Sig	nature of loan originator	Date